EXHIBIT 61

Attachment

Wisconsin Regulatory Matters - Question 61:

In addition to the foregoing, identify any other regulatory actions or forfeitures against the group.

January 2002 to December 2002

- During calendar year 2002, the Pennsylvania Department of Public Welfare withheld \$176,500 in payments to AmeriChoice of Pennsylvania, Inc. for Medicaid claims processing timeliness issues. These issues have since been resolved.
- In January 2002, UnitedHealthcare of New York, Inc., UnitedHealthcare of Upstate New York, Inc. (license has since been merged with UnitedHealthcare of New York, Inc.) and United HealthCare Insurance Company of New York paid a fine of \$161,600 for a prompt payment claims survey. This has since been resolved.
- In April 2002, United HealthCare of Arizona, Inc. paid to the federal government \$745,032 for amounts owed for the best price differential and related lost investment income for the Federal Employees Health Benefit Plan. This matter has since been resolved.
- In May 2002, United HealthCare of Georgia, Inc. paid \$150,000 fine to the Georgia Department of Insurance for issues related to prompt payment of claims. This matter has since been resolved.

January 2003 to December 2003

- In February 2003, UnitedHealthcare of Illinois, Inc. paid a fine of \$200,000 to the Illinois Insurance Department for findings related to appeals, grievances, and claims. The claims issues were related to a claims system no longer in use. The claims, appeals, and grievances processes have since migrated to UnitedHealth Group systems and processes.
- In May 2003, United HealthCare Insurance Company (UHIC) and UnitedHealthcare of the Mid-Atlantic, Inc. (UHCMA) agreed to a corrective action plan and payment to the Maryland Insurance Department of \$125,000 (\$100,000 for UHIC and \$25,000 for UHCMA) for findings mostly related to Medical Director Certification, prompt payment/interest payment of claims, use of unapproved forms for Large Groups, and Small Group requirements. These issues have since been resolved.

- In May 2003, AmeriChoice of New Jersey, Inc. paid \$100,000 to the New Jersey Department of Health and Human Services for failure to notify the State of a hospital termination within the State-required timeframe. This issue has since been resolved.
- During calendar year 2003, the Pennsylvania Department of Public Welfare withheld \$145,200 in payments to AmeriChoice of Pennsylvania, Inc. for claims processing timeliness issues. These issues have since been resolved.

January 2004 to December 2004

- In April 2004, UnitedHealthcare of New York, Inc. paid \$125,000 to the New York Department of Insurance related to financial reporting, underwriting and rating issues. These issues have since been resolved.
- In April 2004, United HealthCare of Utah, Inc. paid a fine of \$156,264 to the Utah Department of Insurance for issues concerning the distribution of Explanation of Benefits to members. This issue has since been resolved.
- In June 2004, the New York Department of Health assessed a \$668,792 penalty against UnitedHealthcare of New York, Inc. resulting from a Child Health Plus audit for issues with Child Health Plus Enrollment. These issues have since been resolved.
- In August 2004, United Health Care Insurance Company, without admitting liability, paid the sum of \$9.7 million to the United States government. The settlement involved the Company's former Government Operations unit that performed administrative services for Medicare until UnitedHealth Group exited that business in 2000. The matter involved allegations that the Company did not put costs on cost reports adjacent to the function for which they were incurred. The matter was self-reported by the Company to the government and has since been resolved.
- In September 2004, United HealthCare of Texas, Inc. and United HealthCare Insurance Company paid a fine of \$240,000 to the Texas Department of Insurance for issues related to appeal and grievances, claims interest, COB with automobile insurance carriers, premium report filing and disclosure of fee schedules. These issues have since been resolved.
- In October 2004, UnitedHealthcare of North Carolina, Inc. and United HealthCare Insurance Company entered into a voluntary settlement agreement and paid a fine of \$1.1 million for each company to the North Carolina Department of Insurance. The Department alleged violations of prompt pay and unfair trade practices laws related to provider and consumer service. A corrective action plan was submitted and the Department is conducting ongoing monitoring of United's compliance with agreed upon benchmarks.

- In December 2004, United HealthCare Insurance Company agreed to settle with the United States government an action alleging that in connection with a claims processing contract with Medicare, the Company did not answer phone calls as promptly as it should have. Without admitting liability, the Company agreed to pay \$3.5 million. The matter involved the Company's former Government Operations unit which provided administrative services for Medicare until UnitedHealth Group exited that business in 2000. This matter has since been resolved.
- In December 2004, MAMSI Life and Health Insurance Company paid a fine of \$125,000 to the Maryland Insurance Administration for issues relating to provider applications and small group files. A corrective action plan is in progress to resolve these issues.
- In December of 2004, Arizona Physicians IPA, Inc. paid to the Arizona Health Care Cost Containment System a fine of \$107,000 for encounter data validation penalty. These issues have since been resolved.

January 2005 to August 2005

- In January 2005, Arizona Physicians IPA, Inc. paid to the Arizona Health Care Cost Containment System a fine of \$169,124 for aged pended encounters. These issues have since been resolved.
- In February 2005, AmeriChoice of New Jersey, Inc. paid a fine to New Jersey Department of Medical Assistance and Health Services of \$161,886 for 2002 EPSDT reporting. These issues have since been resolved.
- In May 2005, AmeriChoice of New Jersey, Inc. paid to New Jersey Department of Health and Senior Services a fine of \$275,000 for triennial operations audit deficiencies. The plan is appealing. In addition, a corrective action plan has been implemented.